

12/03/01
U.S. PTO

12-10-01

A

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		<i>Title of Invention</i>	Animal Model For Flaviviridae Infection
		<i>Named Inventor(s)</i>	James R. Jacob, et al.
		<i>Attorney Docket</i>	07907.105007
		<i>Express Mail Label No.</i>	EK566763510US
APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner of Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract Total Pages <u>43</u> 4. <input checked="" type="checkbox"/> Drawings Total Sheets <u>17</u> 5. Oath or Declaration Total Pages <u>6</u> a. <input checked="" type="checkbox"/> Unexecuted (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> (i) <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76. 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies 17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group/Art Unit:		ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney by assignee 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) 16. <input checked="" type="checkbox"/> Other: Check <u>\$ 720.00</u> <hr/> <hr/>	

FEE TRANSMITTALAttorney Docket No. 07907.105007 COR

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): James R. Jacob, et al.
 Filing Date: December 1, 2000
 Title: Animal Model for Flaviviridae Infection

The filing fee is calculated as shown below:

1. FILING FEE:

FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$370	\$370	\$710	\$
<input type="checkbox"/> DESIGN FILING FEE	\$160		\$320	
<input type="checkbox"/> PLANT FILING FEE	\$245		\$490	
<input type="checkbox"/> REISSUE FILING FEE	\$355		\$710	
<input type="checkbox"/> PROVISIONAL FILING FEE	\$75		\$150	
	SUBTOTAL (1)	\$ 370.00		\$

2. CLAIMS:

FOR:	SMALL ENTITY		LARGE ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE
TOTAL CLAIMS	25-20 =	5	x \$9 =	\$45.00
INDEP. CLAIMS	7-3 =	4	x \$42 =	\$168.00
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+\$140 =	\$ 140.00
			SUBTOTAL (2)	\$353.00
				\$

3. ADDITIONAL FEES:

FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
	SUBTOTAL (3)			

TOTAL FILING FEES: \$ 723.00A check is enclosed for the total amount: \$ 720.00 Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0980.

KING & SPALDING

45th Floor, 191 Peachtree Street, N.E.

Atlanta, Georgia 30303

Telephone: 404.572.4600

By: Sherry M. Knowles
 Sherry M. Knowles, Attorney for Applicant
 Reg. No. 33,052

Date: December 3, 2001